

Continuing Education Credit Application
UAlbany Center for Public Health Preparedness
April 7, 2005

PLEASE PRINT

First name/last name

Name: | | | | | | | | | | | | | | | | | | | | | |

Please check: ☐ RN ☐ MD ☐ Other _____

Email: | | | | | | | | | | | | | | | | | | | | | |
(To receive notices about future programs)

Affiliation/Occupation

Title: | | | | | | | | | | | | | | | | | | | | | |

Organization: | | | | | | | | | | | | | | | | | | | | | |

Mailing Address for Certificate: ____ at organization listed above ____ home address

Street: | | | | | | | | | | | | | | | | | | | | | |

City, State, Zip: | | | | | | | | | | | | | | | | | | | | | |

Phone: (| | |) | | | | | - | | | | | Ext. | | | | |

Viewing Site: | | | | | | | | | | | | | | | | | | | | | |

The School of Public Health, University at Albany, SUNY, is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The School designates this program for 1 category one credit towards the AMA/PRA (Physician's Recognition Award). Each physician should claim only those credits he/she actually spent in the educational activity.

___ Please enroll me for 1 category one credit towards the AMA Physician's Recognition Award.

*This Educational Activity is presented by the School of Public Health Continuing Education, which has been approved as a provider of continuing education by the New York State Nurses Association's Council on Continuing Education, which is accredited by the American Nurses' Credentialing Center's Commission on Accreditation. It has been assigned approval code. **5TLL8T-PRY-04-054***

___ Please enroll me for 1 contact hour in nursing continuing education.

Continuing Education, School of Public Health is designated a provider of Category I continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. The provider number is NY0098.

___ Please enroll me for 1 continuing education contact hour (CECH). My CHES number is _____

Please give this form to your site coordinator at the end of the videoconference. If the site coordinator is not available, mail to: Center for Public Health Preparedness, UAlbany School of Public Health, One University Place, Rensselaer, NY 12144-3456. You will be sent a certificate of participation at the address indicated above.